	CATCAIT		Application or Docket Number										
	PATENT)RD	,	ν,	18/	/X		-					
				_	148		871	15					
		CLAIMS A	(Column		umn 2)	SMALL nn 2) TYPE			⊒ Mγγ	OR	OTHER THAN SMALL ENTITY		
T	OTAL CLAIMS	;	47					RATE		FEE	7.	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC F	EE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			47 minus 20=		· 1	. 17		XS 9=		OR	X\$18=	484	
INDEPENDENT CLAIMS			5 minus 3 =		. 5	2		X43=			OR	X86=	172
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					145	7		1		V .
* If the difference in column 1 is less than zero, enter "0" in column 2							'	+145=	4		OR	+290=	
$\mathcal{A}_{A}}}}}}}}}}$								TOTAL	- 1		OR	TOTAL	
$\langle\!\langle \rangle \rangle$	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3							SMAL	LE	NTITY	OR	OTHER SMALL I	
A	11	CLAIMS REMAINING		HIGHE		· 1		/	Ī	ADDI-]		ADDI-
AMENDMENT A	1	AFTER AMENDMENT	<i>!</i>	PREVIO	DUSLY	PRESENT EXTRA	X	RATE	TIONAL		RATE	TIONAL	
DME	Total	.47	Minus	- 4		= /	ľt	X\$ 9=	1	FEE	2	X\$18=	PEE
JEN	Independent	1. 5	Minus	3		=	╽╻┠		+	$-\!$	OR		1
Ā	FIRST PRESE			X43=	4		OR	X86=	/_				
1 14 24 39 32							΄ ∦	+145=	1		OR	+290=	
							-	TØTA			OR	TOTAL ADDIT, FEE	
		(Column 1)	(Column 3)	_	400				/				
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOP	Total	•	Minus	**		= ·		X\$ 9=	T		OR	X\$18=	
	Independent	•	Minus	***		= .	 -	X43=	+			X86=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						▎┡	A40-	+		OR		
								+145=			OR	+290=	
			· . •	TOTAL DDIT. FEE		· ·	OR ,	TOTAL ADDIT. FEE	·				
-		(Column 1)		(Colum		(Column 3)		•				•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	BER USLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	•	Minus	**		=		X\$ 9=	T		OR"	X\$18=	
ME	Independent		Minus	***		.		X43=	十	-	Ī. I	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╀		OR	A86=	-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+290=	· '
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3:" ***THIS SPACE IS LESS THAN 3, enter "3:"											OR A	TOTAL ODIT. FEE	
T	he *Highest Num	nber Previously Paid	J For (Total or	independer	nt) is the	highest number	foun	id in the a	ppro	priate box	in colu	mn 1.	••
								•					